HOMME HOME FOR THE AGING 604 SOUTH WEBB STREET WITTENBERG 54499

Ownershi p: Nonprofit Church Phone: (715) 253-2125 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 125 Yes Total Licensed Bed Capacity (12/31/01): 132 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 121 Average Daily Census: 125 ********************* ***********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	44. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	33. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	3. 3	More Than 4 Years	22. 3
Day Services	No	Mental Illness (Org./Psy)	34. 7	65 - 74	6. 6		
Respite Care	Yes	Mental Illness (Other)	1. 7	75 - 84	24. 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	57. 0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	2. 5	95 & 0ver	9. 1	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	1. 7	ĺ	i	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1. 7	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	11.6	65 & 0ver	96. 7		
Transportation	No	Cerebrovascul ar	6. 6	`		RNs	15. 9
Referral Service	No	Di abetes	5. 0	Sex	% i	LPNs	6. 7
Other Services	Yes	Respiratory	5. 0		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	29. 8	Male	29. 8	Aides, & Orderlies	48. 7
Mentally Ill	No	İ		Femal e	70. 2		
Provi de Day Programming for			100. 0	İ	j		
Developmentally Disabled	No				100.0		s also also also also also also also als

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		0ther			Pri vate Pay		Family Care		Managed Care								
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	3. 4	159	0	0.0	0	0	0.0	0	1	0. 8
Skilled Care	6	100.0	336	82	95. 3	100	0	0.0	0	27	93. 1	144	0	0.0	0	0	0.0	0	115	95. 0
Intermedi ate				4	4. 7	83	0	0.0	0	1	3.4	141	0	0.0	0	0	0.0	0	5	4. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		86	100. 0		0	0.0		29	100. 0		0	0.0		0	0.0		121	100.0

HOMME HOME FOR THE AGING

************	*****	*********	******	*****	*******	**********	******
Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti	ons, Servi ces,	and Activities as of 12/	31/01
Deaths During Reporting Period		<u> </u>					
		İ'		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	7. 5	Daily Living (ADL)	Independent	One (or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		71. 9	28. 1	121
Other Nursing Homes	12.8	Dressi ng	5. 8		72. 7	21. 5	121
Acute Care Hospitals	70. 7	Transferring	32. 2		47. 9	19. 8	121
Psych. HospMR/DD Facilities	0.0	Toilet Use	18. 2		57. 0	24. 8	121
Rehabilitation Hospitals	0.0	Eati ng	50. 4		38. 8	10. 7	121
Other Locations	9.0	********	*****	******	******	********	******
Total Number of Admissions	133	Conti nence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	12. 4	Receiving Re	espi ratory Care	6. 6
Private Home/No Home Health	18. 0	Occ/Freq. Incontinent	t of Bladder	41. 3	Receiving Tr	racheostomy Care	0. 0
Private Home/With Home Health	17. 2	Occ/Freq. Incontinent	t of Bowel	24. 0	Receiving Su	ıcti oni ng	0. 0
Other Nursing Homes	2. 3				Receiving 0s	stomy Care	1. 7
Acute Care Hospitals	12. 5	Mobility			Receiving Tu	ıbe Feedi ng	3. 3
Psych. HospMR/DD Facilities	0.8	Physically Restrained	i	0.8	Receiving Me	echanically Altered Diets	24. 0
Rehabilitation Hospitals	0.0						
Other Locations	7. 0	Skin Care			Other Resident	Characteristics	
Deaths	42. 2	With Pressure Sores		6. 6	Have Advance	Directives	90. 1
Total Number of Discharges		With Rashes		9. 9	Medi cati ons		
(Including Deaths)	128				Receiving Ps	sychoactive Drugs	48. 8
-						-	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownership: Bed Size: Li censure: Nonprofit 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 94.3 88. 9 1.06 83. 5 1. 13 84. 4 1. 12 84. 6 1. 12 Current Residents from In-County 66. 9 78.4 0.85 79. 2 0.84 75.4 0.89 77. 0 0.87 Admissions from In-County, Still Residing 29.3 25.3 1. 16 22. 5 1.31 22. 1 1.33 20.8 1.41 Admissions/Average Daily Census 106.4 108. 1 0.98 125. 7 0.85 118. 1 0.90 128. 9 0.83 Discharges/Average Daily Census 102.4 107.3 0.95 127. 5 0.80 118. 3 0.87 130.0 0.79 Discharges To Private Residence/Average Daily Census **36.** 0 37. 6 0.96 51.5 0.70 46. 1 0.78 52.8 0.68 Residents Receiving Skilled Care 95. 9 90.9 1.06 91. 5 1.05 91.6 1.05 85. 3 1. 12 Residents Aged 65 and Older 96. 7 96. 2 1.01 94.7 1.02 94. 2 87. 5 1.03 1. 11 Title 19 (Medicaid) Funded Residents 71. 1 67. 9 1.05 72. 2 0.98 69.7 1.02 68. 7 1.03 Private Pay Funded Residents 24.0 26. 2 1. 29 21. 2 22. 0 1. 09 0. 92 18. 6 1. 13 Developmentally Disabled Residents 0.0 0. 5 0.00 0.00 0.8 7. 6 0.00 0. 7 0.00 Mentally Ill Residents 36. 4 39. 0 0.93 35. 8 1. 01 39. 5 0.92 33.8 1.08 General Medical Service Residents 29.8 16. 5 1.80 16. 9 1. 76 16. 2 1.83 19.4 1.53 48. 2 49.3 Impaired ADL (Mean) 50. 1 49.9 1.00 1.04 48. 5 1.03 1.02 Psychological Problems 48.8 48. 3 1.01 48. 7 1. 00 50.0 0.98 51. 9 0.94 Nursing Care Required (Mean) 6. 5 7. 0 0.93 6. 9 0. 94 7.0 0. 92 7. 3 0.89